PRE-DEPLOYMENT PREPARATIONS

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BOXER ARG
Dec 98 - June 99

- USS BOXER (LHD-4)
- USS CLEVELAND (LPD-7)
- USS HARPERS FERRY (LSD-49)
- CPR-7
- 13th MEU (SOC)

BOXER ARG
Dec 98 - June 99

- 10 MC / 4 DC / 3 NC / 3 MSC / 5 IDC / 113 HM / 11 DT
- Scheduled Training Exercises
- Potential NEO - Eritrea
- Humanitarian Assistance Exercise - Kenya

PRE-DEPLOYMENT PREP General Principles

- Never too early to start
- Quickly asses the strengths and weaknesses of your assets
- Network with PHIBRON / MEU / ARG MO’s and Commanders
- Delegate but verify

D-180

- MRCO - admin shift to PHIBRON
- LPD / LSD medical site visit
- MEU medical site visit
- N3 (Operations) - mission / exercises / port visits

D-180 (cont'd)

- N4 (Logistics) - cell phones, beepers, computers
- N6 (Communications) - e-mail capabilities and hookups
- Start making your "wish lists" for OR / ICU
- Establish liaison with local MTF / people there who own things

D-180 (cont'd)

- Med Mgt Chem/Bio Casualties (USAMRIID)
- Ultrasound competency
- Blood Bank experience
- Cross-train Corpsmen (FST and ship's)
- Med Reg Net training

D-180 (cont'd)

- Helicopter dunker
- SAVI
- Blood Bank TAV
- Review instructions and programs
  - pregnancy
  - Green "H"
  - anthrax

D-150

- CONOPS
- MSK medicine / psychiatry/ ICU
- Big deck isn’t stocked for *elective* surgery at sea - start collecting things
- Start building your communications empire
  - E-mail connectivity and drop sites - key !
  - International cell phone (?) / Fax
  - Desktop in your stateroom

D-150 (cont’d)

- special order items
- malaria / JEV / anthrax
- LMWH
- antibiotics - mefloquine, levofloxacin
- SSRI’s
- retrovirals
- omeprazole

D-120

- Computer connectivity (SIPRNET / NIPRNET), VTC, e-mail
- Pull NSE medical records - start updating their immunizations / screening
- Review Mass Casualty Bills
- Review Post-Deployment critiques
- Learn how to use Power Point
- Contact SOOCATFS for help

D-120 (cont'd)

- CME Coordinator / PI Coordinator
- Passports / Wills / POA
- Start gathering real world medical intelligence (AFMIC / ID guys / NEPMU / CDC / DOS) about host nations
- Communicate with the ARG that is "out there" - what are the weak links, issues, threats, players ?

D-90

- M+1 training planning & execution
- Take your long leave now
- Track NSE and MEU medical preparations
- Medical Readiness Assessments
- Monitor CASREP’s / equipment status
- BUMED accounting data (MRCO)
- Mass Cas drills during all u/w exercises

D-60

- Collect the non-formulary meds you'll need
- Digital camera
- Collect long-term meds (OCP's / migraine / HTN) for individuals
- Call an all ARG/MEU medical staff meeting
- Look at HN medical capabilities
- Touch base with Fleet Surgeons

D-60
Medical Staff Meeting

- Review assets / capabilities of big deck
- How / when to communicate
- “Hot items” - anthrax / malaria / meningococcal vax
- Give clear instruction on CONOPS and distribute copies (even if not signed yet)
- Review supply issues (the big deck isn’t K-MART)

D-60
Medical Staff Meeting

- Explain Medical watches (request port visit leave requests EARLY)
- Review sources of medical intelligence
  - OPORDER / MEDIC / Benenson - CCDM / EPMU / TRAVEX / ProMed / Up To Date
- *NO* excuse for not getting help
- *NO* separation of blue and green

D-30

- Tie up loose ends
- Anticipate many irritating but minor crises
- Be available
- Be flexible

D-Day

- Stay on board the night before ?
- Anticipate 72 hours of global depression - let people adjust
- Anticipate some “acting out”
- MEU medical problems come to light

Random Thoughts

- “Partner” with SMO - he’s your new best friend
- Leave your ego on the pier
- You are a guest on the ship(s) you ride
- Provide “adult supervision” to LPD / LSD / MEU - the SMO doesn’t need it
- Find your weak link and watch it

Random Thoughts

- D (-) briefs are your face time - be prepared
- Be honest and get assistance if you need it
- Deflate unrealistic expectations …. explain the difference b/t a CRTS and a real MTF
- Get a good MRCO

Summary

- It’s fun and exciting
- It’s different
- It’s a lot better than being a medicine ward attending in February

QUESTIONS